

**COLORADO RIVER INDIAN TRIBES LEGAL AID DEPARTMENT  
APPLICATION FOR PATERNITY**

\_ Adult (Deceased)      File No: \_\_\_\_\_      1<sup>st</sup> Interview: \_\_\_\_\_@  
Conflict: \_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Physical Address: \_\_\_\_\_ Social Security

Number: \_\_\_\_\_

Are you a Tribal Member?    \_ Yes    \_ No

Are you employed?    \_ Yes    \_ No    What is your monthly income?

Have you Resided on the reservation for at least 90 days?    \_ Yes    \_ No

Are you the biological mother or father of the child? \_\_\_\_\_ Other:

How long have you and the Father/Mother maintained a relationship before the child was born?

Is the biological Father/ Mother aware you are establishing paternity?    \_ Yes    \_ No

Is the other parent deceased?    \_ Yes    \_ No

Will this paternity be stipulated?    \_ Yes    \_ No

Have either of you been involved in a dispute where our office represented the other party?    \_ Yes    \_ No

If yes please explain:

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**FOR EACH CHILD YOU ARE REQUESTING TO ESTABLISH PATERNITY FOR PLEASE FILL IN THE  
INFORMATION BELOW**

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>CITY &amp; COUNTY OF BIRTH</u>
<u>SEX</u>		

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I would also like to request a name change. Please have my child's name changed from  
to \_\_\_\_\_.

**PLEASE FILL IN INFORMATION ABOUT THE OTHER PARENT BELOW**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
\_\_\_\_\_

Are they the biological mother or father of the child?

Are they a Tribal Member? ☐ Yes ☐ No

If "no" what Tribe are they enrolled with? \_\_\_\_\_ Census #:

**IF ONE OF THE BIOLOGICAL PARENTS IS DECEASED PLEASE FILL OUT THE SECTION BELOW**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of  
Death: \_\_\_\_\_

Were they a Tribal Member? ☐ Yes ☐ No

If "No" what Tribe were they enrolled with? \_\_\_\_\_ Census #:

Did the Decedent acknowledged that they were the biological father/mother of the child? ☐ Yes ☐ No

If "yes" please fill in the below:

<u>Name</u>	<u>Relationship to Decedent</u>	<u>Mailing</u>
	<u>address</u>	
_____		
_____		
_____		
_____		
_____		

Will the above listed people be willing to do an affidavit? ☐ Yes ☐ No

**ALL OF THE INFORMATION I HAVE PROVIDED DURING THE INTERVIEW AND THE APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I WILL IMMEDIATELY INFORM C.R.I.T. LEGAL AID OF ANY CHANGES.**

\_\_\_\_\_  
Applicant's Signature Date

**WE WILL NEED THE FOLLOWING TO COMPLETE YOUR PAPERWORK**

☐ Birth Certificate of Minor ☐ Social Security Card of Minor ☐ Death Certificate of Deceased  
Parent

**OFFICE USE ONLY**

Intake Notes: \_\_\_\_\_